

Feb 18-05 08:23am From-SIMBAS LTD

416595 7306

T-468 P.004/007 F-782

FEB 18 2005

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24223 7590 01/05/2005

SIM & MCBURNEY
330 UNIVERSITY AVENUE
6TH FLOOR
TORONTO, ON M5G 1R7
CANADA

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/674,172	01/04/2000	Andreas Boble	10890-2MIS-J	3048

TITLE OF INVENTION: TREATMENT OF PAPILLOMA VIRUS INFECTION USING A MYCOBACTERIUM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	04/05/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
ZEMAN, ROBERT A	1645	424-248100			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Sim & McBurney

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Case check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 1 _____

4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 192223 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Michael I. StewartDate February 18, 2005Typed or printed name Michael I. StewartRegistration No. 24,973

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09674172

02/22/2005 MB7ZUNEP2 00000043 192253

300.00 DA
1400.00 DA
01 FC:1501
02 FC:1504
03 FC:8001

Sim, Hughes, Ashton & McKay LLP

Barristers & Solicitors

Sim & McBurney

Patent & Trade Mark Agents

6th Floor, 330 University Avenue
 Toronto, Ontario, Canada M5G 1R7

Tel. (416) 595-1155 • Fax (416) 595-1163

DATE: February 18, 2005

Your Ref: 09/674,172

Our Ref: 1038-1258 MIS:ah

TO:	FAX #	PHONE #
United States Patent and Trademark	703-746-4000	703-305-8283
Issue Fee and Publication Fee		

Total Number of Pages (Including This Page): 7

FROM: Michael I. Stewart / 239

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

(to be used for all correspondence after initial filing)	Application Number	09/674,172	
	Filing Date	January 4, 2000	
	First Named Inventor	Andreas Bohic	
	Art Unit	1545	
	Examiner Name	Robert A. Zeman	
Total Number of Pages in This Submission	6	Attorney Docket Number	1039-125B MIS:ah

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Remarks _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Issue Fee Publication Fee	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael I. Stewart (Reg. No. 24,973)
Signature	
Date	February 18, 2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	
Signature	Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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08:22am From-SIMBAS LTD

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T-468 P.003/007 F-782

PTO/SB/17 (12-04)

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O I P E
FEB 18 2005
P A T E N T & T R A D E M A R K O F F I C E
J C 1 6

**Effective on 12/08/2004,
as pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,700.00)

Complete if Known	
Application Number	09/674,172
Filing Date	January 2, 2000
First Named Inventor	Andreas Bohle
Examiner Name	1645
Art Unit	Robert A. Zeman
Attorney Docket No.	1038-1258 MIS:ah

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account . Deposit Account Number: 192253 Deposit Account Name: _____

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims		Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee (\$)
	- 20 or HP =	x	= 0		Fee (\$)	Fee Paid (\$)		
	HP = highest number of total claims paid for, if greater than 20					0		

Indep. Claims	Extra Claims		Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee (\$)
	- 3 or HP =	x	= 0		Fee (\$)	Fee Paid (\$)		
	HP = highest number of independent claims paid for, if greater than 3					0		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Issue Fee \$1,400.00 Publication Fee \$300.00

1,700.00

SUBMITTED BY

Signature	<i>Michael I. Stewart</i>	Registration No. 24,973 (Attorney/Agent)	Telephone (416) 595-1155
Name (Print/Type)	Michael I. Stewart	Date 02/18/05	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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